## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPA	AR TM	ÆÑ.	rof	PUE	BLIC	HEALTH AND WELFARE 2 0 . 201/2	STATE FILE NUM				
DO NOT WRITE ON THIS STUB		AME	NDED		R	entration District No. 3043 Registrar's No. 292	- SIAIE FILE NOA				
	<del></del>				- 1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where doces	sed lived. If institution: R	esidence before			
VŞ 300	<u>و</u> ز	ره ا	4			a. COUNTY MARION admis MISSOURT b. COUNTY MARION admis					
Rev. 4/59	AMENDED	ી	ા	11	-	b. CITY (If outside corporate limits, give TOWNSHIP only)   Length of stay in Tb   c. CITY		Inside Limits			
		i   •				TOWN HAMMIRAT. 3 VEARS TOWN HAMMITTAL		Yes 🔛 No 🗀			
1.4.4	}	\	77			HANNIBAL JIHAO HANNIBAL	MO :				
0648		1	1.1			HOSPITAL OR II ADDRESS	utside, give location)	Reside on Farm			
2-/	DATE	نه ا	٥			INSTITUTION OAKWOOD NURSING HOME YOU INDLE A	VENITE	Yes 🖸 No 😝			
20648	무	1	7	-  I							
3	·				3	NAME OF DECEASED First Middle Last   4. DATE (Type or print) OF	Month Day	Year			
<del></del>		1				LILLIAN ELLEN GOREFHERS DEATH	AUGUST 3.	1963			
4 1	- i	1.	H		-5	SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest bi	rthday) IF UNDER I YEAR	IF UNDER 24 HR			
	i	1	1 1			Widowed D Bivorced D 5	Months Days	Hours Min.			
5 /		4	1			FEMALE WHITE APRIL 4.1878 85  I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or c		ALAT COUNTRY			
6	ا ي	13	1				Johnsy, 12. Cirizen Or F	MAI COURIE			
	<u>≩</u>	3	1		I	HOUSE WIFE GORAN, MISSOURI	U.SA.				
7 6	FOLLOW	13	1		13	. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NA	ME OF HUSBAND OR WIFE				
	ត្ត	6	N	ľ	1	JOHN BOTTS LORENTA WOODSMALL.	AMES CORFTIBE	<u>;                                    </u>			
		17	13		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177 INFORMANT	Address	<u> </u>			
	Ş.	13	4		(Ye	s, no, or unknown) (If yes, give war or dates of serving the servi	de El	1 200			
94500	쀭	13	64	1. 1	l —	NO JUNE PRINCE	Mount	ERVAL BETWEEN			
10	₹	U	1	ž		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:		SEL AND DEATH			
	ہا ہ	.   3	1	ξ	H	IMMEDIATE CAUSE (a)	+ alkeden	Cin.			
11	S S		1	딍			<del></del>				
	HIS REC	0	₹.	DOCUMENT		the allering the	n n				
1257	2 12	13	12	-	l I	Conditions, if any, which gave rise to					
<del>- 70 - 0</del>		1	LX.	. 1	H	above cause (a), stating the under-					
13/-0	╒╞	1	FF	-1		ying cause [ast.] DUE TO (c)					
	ᇹ	3		1	ĮΖ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal	PART III. If deceased v				
	- 1	12	1		≌	disease condition given in PART I (a)	there a pregnance	cy in lest 90 days.			
	<u></u>	4 3					Yes   🗇 N	lo Unknown			
	AMENDMENTS	13	7		[≝]	19. WAS AUTOPSY   20e. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of	njury in PART I or PART II	of item 18.)			
	ا≲	6	1	١, ١	CERTI	PERFORMED?					
	ᇍ	1	4	4	ايرا						
7	₹I	1.3	4	8	힣	20c. TIME OF Hour Month, Day, Year INJURY a.m.					
_ <b>∠</b> Q. ]	∢	3	1	1 8	밀	p.m					
RIBBON	ŀ	9	4	3		20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	COUNTY	STATE			
_		١,	6	1 4	ÌΙ	WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK					
BLACK OR RITER R	وا	ا دِ	17	1							
A S E E	5	. 6	1 1	1	LI	21. I attended the deceased from, toand last saw her aline					
E7 (	SHOULD READ		1	1.8		Death occurred at 8.30 P.M. m on the date stated above, and to the best of	my knowledge, from the car	uses stated.			
USE	≒	19	1	1	.		<del>-//</del>	22c. DATE SIGNED			
	]₫	( ) ( )	1 4	ö	Ė	226 SIGNATURE (Degree or title) 226. ADDRESS	1////	3////			
	1	፣   ን	しょ	.  ≒	l	I house I willed the willest for	P //W . 9	13/6			
·	<b> </b>	<u>.   `</u>	**	⊣∢I	23	BURIAL, CREMATION, 23B. DATE	ity form, or county)	(State)			
	S	2		₽	ľ	BURIAL AUGUST 6,1963 ARIAL CEMETERY RALLS C	OUNTY, MO	2			
		9	17	AFFID,	-24		RAR'S SIGNATURE	10			
	TEM	1	17	>	ヿゔ		. m. duche by	dilla			
. [	=	-	1	l <sub>m</sub>		Mison John Memons of my					
						(Licewood Embalmer's Statement on Reverse Side)	m. Leom	ans			

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AUG 26 FOCA

## TATEMENT BY LICENSED EMBALMER

1 he	reby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	Me	, Student Embalmer No
working und	der my personal supervision.	
Student	· ·	Signed la Literal
	Signature of Student Embalmer	
		Licensed Embalmer No. 3014
	-	P. O. Address MONROE CITY, MISSOUR

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Cermit source

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